

# California Medical Association



## Council Highlights

### Highlights of the Actions of the California Medical Association Council Meetings, September 27 to 28, Los Angeles, and November 21 to 22, Los Angeles

*This summary is published so that CMA membership may be advised in brief of the actions of the Association's Council. It covers only major actions and is not intended as a detailed report. Full minutes of these meetings are available upon any member's request to the CMA office.*

#### 557th Meeting, September 27 to 28, 1969 Los Angeles

Possible formation of a physician-owned or controlled professional liability carrier will be studied by an independent consultant for CMA. A state-wide study of the entire liability problem, including the reasonableness of current insurance premium rates, with special reference to forming some type of carrier was recommended by the CMA Medical Review and Advisory Committee and approved in principle.

Other recommendations aimed at alleviating the medical liability crisis approved by Council were:

- Initiate an immediate and extensive effort to encourage additional established and reputable insurance carriers to provide physicians professional liability insurance coverage in California.
- Sponsor a pilot project to test medical/legal screening panels in selected counties. Joint committees would be patterned after already successful panels in Arizona, Nevada and New Mexico.
- Seek the cooperation of insurance carriers, and others interested in personal injury awards, in developing and obtaining appropriate legislation regarding "measure of damages."

- Continue to inform legislators about the medical liability problem confronting physicians; develop and pursue passage of appropriate legislation.

- Designate the CMA Medical Review and Advisory Committee as CMA's liaison to professional liability carriers; encourage carriers to use MRAC services as a consultant as needed.

(Some medical societies already have effective liaison with professional liability carriers.)

- Endorse the newly-formed Medical Executives Conference Liaison Committee to the CMA Medical Review and Advisory Committee.

(The new liaison committee is valuable as a further access to opinions and recommendations from component medical societies.)

- Encourage county medical societies to continue—at the local level—to seek solutions to the medical liability problem; urge societies to conduct malpractice prevention workshops, in cooperation with local hospitals and medical staffs, tailored to respond to local needs.

A recommendation to contract with the Department of Rehabilitation regarding peer review for medical services under the McAteer Alcoholism Program was approved.

**A position paper on smoking and health** was approved. The paper prepared by the California Interagency Council on Smoking and Health has eight recommendations, seven of which were supported by the Council.

**New CMA Councilor** is Dan W. Clark, M.D., San Jose, elected to fill the unexpired term of Richard S. Wilbur, M.D., Santa Clara, who has resigned. Doctor Clark will represent the Seventh District which covers the counties of Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz.

**558th Meeting, November 21 to 22, 1969**  
Los Angeles

**CMA support of the Health Facilities Bond Act (AB 1073)** was reaffirmed by CMA Councilors at their final meeting of the year. The bond measure, which goes before the state's voters in the June 2 primary election in 1970, would provide \$246,300,000 for the construction of health science facilities on University of California campuses. CMA Council was one of the first organizations to support the measure.

**The concept of "Universal" Health Care Coverage** was approved. The Council recommendation states that "CMA should support the concept of 'universal' health care coverage utilizing multiple methods of financing and free choice of mechanism based on adequate standards of coverage." Implicit in the concept is the recognition that the federal government would be responsible for the financing of comprehensive health care for the economically deprived. By "universal," the Council means a pluralistic system making health insurance automatically available to all persons. It would be designed to utilize multiple organizational approaches (AMA's current "MediCredit" proposal to Congress represents one such approach).

**A recommendation to set up a Coordinating Council for Health Standards and Licensure** for new professional groups was endorsed. The recommendation will be submitted to the next session of the Legislature. The proposed council, according to the recommendation, consists of the follow-

ing members: five physicians, five licentiates (dentists, nurses, veterinarians), two consumers and three hospital administrators and educators.

**A statewide rubella vaccination plan** to determine the effectiveness of the state's rubella vaccination program was endorsed. The State Department of Public Health, in cooperation with local health departments, is coordinating the plan in which all physicians are urged to participate.

**Establishment of a committee to review the size of the CMA House of Delegates and Council** was approved. The committee will report back to the Council with recommendations for the 1971 House of Delegates.

**Proposed principles, goals and methods for the Peer Review Survey Program** of extended care facilities were approved. The proposed program was developed by the CMA Committee on Long-Term Care Facilities.

**A proposed CMA Continuing Education Plan** based upon awarding physicians certificates for completing a minimum number of hours was accepted. The basic format for such an education plan was developed by the CMA Committee on Continuing Medical Education. The plan will be presented to the 1970 CMA House of Delegates meeting next March in San Francisco. The plan was prepared in response to a 1969 CMA House of Delegates resolution calling for Council to make available to all practicing physicians in California the specific administrative mechanism "to collect, codify and certify participation in accredited postgraduate instruction."

**The creation of a large-scale program** to study and research ways to improve methods of delivering health care was approved.

**Formation of an ad hoc Task Force on Medi-Cal Improvements** to prepare recommendations concerning CMA's legislative program in this crucial area was approved.

Councilors accepted the nomination of Frederick Ackerman, M.D., Pleasant Hill, as CMA Councilor to replace William F. Kaiser, M.D., Berkeley, who has resigned. Doctor Ackerman will be in Office No. 2 of the Ninth District covering Alameda and Contra Costa counties.